



Enter your transmittal number

x269425

Transmittal Number

Your unique Transmittal Number can be accessed online: <http://mass.gov/dep/service/online/trasmfrm.shtml>

Massachusetts Department of Environmental Protection Transmittal Form for Permit Application and Payment

1. Please type or print. A separate Transmittal Form must be completed for each permit application.

2. Make your check payable to the Commonwealth of Massachusetts and mail it with a copy of this form to: DEP, P.O. Box 4062, Boston, MA 02211.

3. Three copies of this form will be needed.

Copy 1 - the original must accompany your permit application. **Copy 2** must accompany your fee payment. **Copy 3** should be retained for your records

4. Both fee-paying and exempt applicants must mail a copy of this transmittal form to:

MassDEP
P.O. Box 4062
Boston, MA
02211

*** Note:**
For BWSC Permits, enter the LSP.

A. Permit Information

BRP WP 63

1. Permit Code: 7 or 8 character code from permit instructions

Installation of 1 self contained, transportable, composting, gender neutral, ADA compliant restroom buildings

Disposal system construction

2. Name of Permit Category

B. Applicant Information – Firm or Individual

MA Department of Conservation and Recreation

1. Name of Firm - Or, if party needing this approval is an individual enter name below:

Brazeau

Richard

2. Last Name of Individual

3. First Name of Individual

4. MI

PO Box 484

5. Street Address

Amherst

MA

01004

413-545-5532

6. City/Town

7. State

8. Zip Code

9. Telephone #

10. Ext. #

Richard Brazeau

richard.brazeau@state.ma.us

11. Contact Person

12. e-mail address (optional)

C. Facility, Site or Individual Requiring Approval

Federated Women's Club State Forest

1. Name of Facility, Site Or Individual

Route 122

2. Street Address

Petersham

MA

01366

978-544-3939

3. City/Town

4. State

5. Zip Code

6. Telephone #

7. Ext. #

8. DEP Facility Number (if Known)

9. Federal I.D. Number (if Known)

10. BWSC Tracking # (if Known)

D. Application Prepared by (if different from Section B)*

Clivus New England, Inc.

1. Name of Firm Or Individual

PO Box 127

2. Address

North Andover

MA

01845

978-794-9400

3. City/Town

4. State

5. Zip Code

6. Telephone #

7. Ext. #

Lisa Truchon

8. Contact Person

9. LSP Number (BWSC Permits only)

E. Permit - Project Coordination

1. Is this project subject to MEPA review? ☐ yes ☒ no
If yes, enter the project's EOE file number - assigned when an Environmental Notification Form is submitted to the MEPA unit:

EOEA File Number

F. Amount Due

Special Provisions:

1. ☒ Fee Exempt (city, town or municipal housing authority)(state agency if fee is \$100 or less).
There are no fee exemptions for BWSC permits, regardless of applicant status.
2. ☐ Hardship Request - payment extensions according to 310 CMR 4.04(3)(c).
3. ☐ Alternative Schedule Project (according to 310 CMR 4.05 and 4.10).
4. ☐ Homeowner (according to 310 CMR 4.02).

DEP Use Only

Permit No:

Rec'd Date:

Reviewer:

15407

Check Number

\$1,140.00

Dollar Amount

01/29/2016

Date